

Appendix D

Instrumented Group Interview (IGI) Surveys

- ❖ Housing IGI
- ❖ Neighborhood Commercial Facilities IGI
- ❖ Job Centers/Transportation/Environment IGI
- ❖ Youth Development IGI
- ❖ Generic/City-Wide IGI

Cluster _____

**COMMUNITY REINVESTMENT STRATEGY
HOUSING INSTRUMENTED GROUP INTERVIEW**

INTRODUCTION

The purpose of this questionnaire is to collect information related to housing issues from Community stakeholders as part of the Community Reinvestment Strategy (CRS) process. This Information will be used to help identify the key issues related to housing and also to help Determine stakeholders' housing reinvestment priorities.

The first set of questions pertain to housing and quality of life issues in your immediate neighborhood. The second section asks questions about the entire Cluster. Finally, there are a few questions about your background as a resident. We would appreciate your candid response to all of the questions. The survey should take approximately 15 to 20 minutes to complete.

NEIGHBORHOOD HOUSING/QUALITY OF LIFE

- 1) How would you rate the overall quality of housing in your neighborhood?

Excellent Good Fair Poor

- 2) Ideally, what would you consider to be a mix of rental housing to owner occupied Housing?

(1)	(2)	(3)	(4)	(5)
All/Almost	50-75%	50% Renter/	50-75%	All/Almost
All Owner	Owner	50% Owner	Renter	Renter
Occupied	Occupied	Occupied	Occupied	Occupied

- 3) How long have you lived in your neighborhood?

____ Less than 3 years ____ 3-5 years ____ 5-10 years ____ More than 10 years

- 3a) How has the overall condition of your neighborhood changed since you've lived there?

Improved	Improved	No Change	Deteriorated	Deteriorated	Don't know
Significantly	Moderately		Moderately	Significantly	

- 3b) If your neighborhood has changed, what are some of the ways in which it has changed?
(If not, skip and go to Question 4)

- 4) In your opinion, what are the three biggest assets and barriers to developing new housing Or improving existing housing in your neighborhood?

Assets	Barriers
_____	_____
_____	_____
_____	_____

- 5) What do you consider to be the three (3) most important characteristics in terms of quality of life in any neighborhood?

1. _____

2. _____

3. _____

- 6) Overall, how safe do you perceive your neighborhood to be?

____ Very safe ____ Moderately safe ____ Not safe at all

- 7) What do you consider t be the biggest issues in your neighborhood related to crime?

CLUSTER –WIDE QUESTIONS

The following questions refer to your *entire* Cluster, including your neighborhood. Although you May not be as familiar with your overall Cluster as you are with your immediate neighborhood. Please try to consider the entire Cluster area in responding to the questions.

- 8) What special groups or populations do you feel have unmet housing needs that should be Available in your *Cluster*? (Check all that apply)

____ Very-low income populations

____ Senior citizens

____ Disabled/Handicapped

____ Other (please specify)

- 9) Which types of new housing development would you most like to see in your Cluster?
Please indicate what percentage of new housing in your neighborhood you would like to see, either low-moderate income, middle income or upper income. (Please check to make sure that your numbers add up to 100%.)

_____ % Low-moderate income housing (\$60,000 - \$89,000)

_____ % Middle income housing (\$90,000 - \$150,000)

_____ % Upper income housing (Over \$150,000)

- 10) Where in your Cluster are the best locations for new, large-scale *single family* housing Developments? Please describe the areas using neighborhood names, cross-streets or Geographic boundaries.

- 11) Where in your Cluster are the best locations for housing development that focuses on the rehabilitation of existing structures with some new housing mixed in to fill in vacant lots? Please describe the areas using neighborhood names, cross-streets or geographic Boundaries.

- 12) Where in your Cluster are the best locations for new multi-family housing? Please describe the areas using neighborhood names, cross-streets or geographic boundaries.

- 13) What areas in your Cluster, if any, do you think should be designed as historic districts (e.g. Corktown, Indian Village, etc.)? Please describe the areas using neighborhood names, cross-streets or geographic boundaries.

- 14) Do you have any additional comments, either for your neighborhood or cluster-wide, concerning housing or quality of life issues?

RESIDENT BACKGROUND

- 15) Are you participating in this focus group as a... (Check all that apply)

<input type="checkbox"/> Cluster resident	<input type="checkbox"/> City resident, but not in the Cluster	<input type="checkbox"/> Non-Detroit resident
<input type="checkbox"/> Landlord	<input type="checkbox"/> Cluster business owner	<input type="checkbox"/> Potential Developer
<input type="checkbox"/> Other _____		

- 16) What are the major cross-streets nearest to your home?

_____ and _____

- 17) How long have you resided in your present neighborhood (not necessarily in the same house)?

☐ Less than 5 years
☐ 5 to 10 years
☐ 11 to 20 years
☐ Over 20 years

- 18) Do you currently...

☐ Own ☐ Rent

- 18a) If owner occupied, what would you estimate to be the current value of your home?

☐ Less than \$25,000
☐ \$25,000 to \$49,000
☐ \$50,000 to \$99,000
☐ \$100,000 to \$149,000
☐ Over \$150,000
☐ Don't know

Thank you for your cooperation!

Detroit Community Reinvestment Strategy
NEIGHBORHOOD COMMERCIAL
Instrumented Group Interview
CLUSTER ONE
23 July 1997

In this cluster, I am a:
check all that apply

- _____ resident
 _____ representative of a religious organization
 _____ representative of a neighborhood-based business
 _____ representative of a local institution
 (bank, hospital, university, United Way agency, etc.)
 _____ representative of a religious congregation
 _____ representative of an area school _____
 (elementary through high school)
 _____ other

1. In your opinion, is the quality of goods and services offered within the Cluster acceptable? *Use the blank rows to add categories, if needed.*

<i>Type</i>	<i>Yes</i>	<i>No</i>	<i>Not Applicable</i>
Groceries			
Personal services (beauty shops, dry cleaners)			
Banking			
Clothing			
Household goods (furniture; appliances)			
Entertainment (restaurants, theaters)			
Auto maintenance services			
Business services (office supply; copy shops; janitorial)			

2. Where do you shop? *Indicate the frequency with which you shop in the following locations for the following goods and services.*

1 = *Never*

2 = *Sometimes*

3 = *Often*

<i>I shop for:</i>	<i>In the Cluster</i>	<i>In Detroit, outside the cluster</i>	<i>Outside Detroit</i>
Groceries			
Personal services (beauty shops, dry cleaners)			
Banking			
Clothing			
Household goods (furniture; appliances)			
Entertainment (restaurants, theaters)			
Auto maintenance services			
Business services (office supply; copy shops; janitorial)			

3. What goods and services do you think are over and under represented in this cluster?

We have too many:

We don't have enough:

4. What commercial goods and services do you think are most essential to quality of life within the cluster?

5. What are the three best locations for a retail center within our entire cluster? *Be sure to consider the qualities that make a good business location from an investor's standpoint, as well as those qualities that improve quality of life for residents.*

Best locations:

Why?

- | | | |
|----|-------|-------|
| 1. | <hr/> | <hr/> |
| 2. | <hr/> | <hr/> |
| 3. | <hr/> | <hr/> |

6. Overall, what are the greatest assets and barriers to neighborhood commercial reinvestment in our cluster?

Greatest assets

Greatest barriers

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

7. Are there other issues related to neighborhood commercial reinvestment that need to be addressed?

Thanks for your input!

TRANSPORTATION/JOB CENTERS/ENVIRONMENT

Instrumented Group Interview

Cluster 1

August 6, 1997

1) Are you participating in this focus group as a(Check all that apply)

☐ Cluster resident
 ☐ City resident, but not in the Cluster
☐ Non-Detroit resident
 ☐ Landlord
☐ Cluster business owner
 ☐ Potential Developer
☐ Other _____

2) Where do you live:

Neighborhood _____
 Closest Cross streets _____ and _____

3) Are you currently employed:

☐ In the cluster
☐ Outside of the cluster, but in Detroit
☐ Outside of Detroit

4) Please indicate below what types of transportation you use. Mark "1" if very often, "2" if sometimes, and "3" if never.

Type	Work	School	Child Care	Shopping	Leisure	Medical	Worship
Public Transportation							
Own Automobile							
Carpool							
Taxi							
Walking							
Jitney Services							
Other:							

5) Please indicate below (using the same scale as above) where you travel for the following purposes:

Location	Work	School	Child Care	Shopping	Leisure	Medical	Worship
Within your sector							
Within Detroit							
In the suburbs							

6) How would you rate the condition of roads within the following areas?

Location	Excellent	Good	Poor
Within your neighborhood			
Within your cluster			
Within Detroit			
In the suburbs			

7) Please indicate if any of the following issues impact your neighborhood:

	Very high impact	Some impact	No impact
Truck traffic within the neighborhood			
Street changes or closings			

8) How concerned are you about?

	Very concerned	Somewhat concerned	Not very concerned/Not concerned
Safety of bus stops			
Frequency of bus service			
Safety on buses			
Cost and/or availability of car insurance			

9) In terms of transportation, how important is the location of your job in relation to where you live?

_____ Very important _____ Somewhat important _____ Not very important

10) Have transportation problems ever prevented you or someone in your family from obtaining or keeping a job?

_____ Yes _____ No

If yes, why? _____

11) What employers/employment centers do you think are **assets** to your cluster?

11a) Why are they assets?

12) What kinds of employers/jobs would you like to see more of in your cluster:

- _____ Manufacturing
- _____ Retail/commercial (party stores, insurance, real estate, video stores, etc.)
- _____ Health care
- _____ Education
- _____ Service (hair/nail salon, accounting firms, etc.)
- _____ Government
- _____ Wholesale/distribution
- _____ Technology
- _____ Entertainment/tourism
- _____ Other: _____

Additional comments: _____

13) What kinds of employers/jobs are there enough of or too many of in your cluster:

- _____ Manufacturing
- _____ Retail/commercial (party stores, insurance, real estate, video stores, etc.)
- _____ Health care
- _____ Education
- _____ Service (hair/nail salon, accounting firms, etc.)
- _____ Government
- _____ Wholesale/distribution
- _____ Technology
- _____ Entertainment/tourism
- _____ Other: _____

Additional comments: _____

14) Are you aware of any **expansions** of employers/job centers that could impact your cluster?

15) Are you aware of any **downsizing** of employers/job centers that could impact your cluster?

16) What job training/education programs are available in your cluster?

17) What other job training/education programs are needed in your cluster?

18) What are the three most important things that could be done to improve employment opportunities in your cluster?

19) What transportation improvements, if any, are needed to better link residents to jobs?

20) What do you think are your neighborhood's and/or cluster's greatest environmental assets?

- ☐ Availability of land for green space
☐ Closeness to natural resources (parks, river)
☐ Availability of land for redevelopment/reinvestment
☐ Other: _____

21) What do you think are the greatest environmental issues your neighborhood and/or cluster faces as challenges? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Illegal dumping | <input type="checkbox"/> Junkyards | <input type="checkbox"/> Air pollution |
| <input type="checkbox"/> Water pollution | <input type="checkbox"/> Abandoned cars | <input type="checkbox"/> Trash/Garbage |
| <input type="checkbox"/> Lead and asbestos contamination | <input type="checkbox"/> Existence of contaminated sites | |
| <input type="checkbox"/> Lack of green space | <input type="checkbox"/> Overgrown vacant lots | |
| <input type="checkbox"/> Other: _____ | | |

22) Why are you concerned about these environmental conditions? Please rank the following from 1 to 4, with 1 indicating the issue that most concerns you.

- ☐ Health ☐ Safety ☐ Prevent redevelopment and reinvestment
☐ Other: _____

Thank you for your participation in the survey. Your comments are valuable to us. If you wish to participate more in the process of developing the reinvestment strategies related to transportation, jobs, or the environment in your cluster, please contact Linda Pitts, Cluster 1 Community Organizer at 892-5343.

**City of Detroit Community Reinvestment Strategy
Youth Development
Instrumented Group Interview**

**Cluster 1
August 16, 1997**

Are you participating in this focus group as a (Check all that apply):

<input type="checkbox"/> Cluster resident	<input type="checkbox"/> City resident, but not in the Cluster
<input type="checkbox"/> Non-Detroit resident	<input type="checkbox"/> Landlord
<input type="checkbox"/> Cluster business owner	<input type="checkbox"/> Potential Developer
<input type="checkbox"/> Other: _____	

Where do you live:

Neighborhood: _____

Closest cross streets: _____ and _____

1. Are you one of the following (Check all that apply):

☐ parent ☐ guardian ☐ youth ☐ not applicable

What is your age group:

<input type="checkbox"/> under 15 years	<input type="checkbox"/> 15 - 21 years	<input type="checkbox"/> 22-30 years
<input type="checkbox"/> 31-40 years	<input type="checkbox"/> 41-50 years	<input type="checkbox"/> 51 or over

2. Do you have children in your household?

☐ Yes ☐ No

If yes, indicate age group (Please check all that apply):

☐ newborn-8 years ☐ 9-14 years ☐ 15-21 years

3. Are you involved in mentor or job training programs? ☐ Yes ☐ No

If yes, please specify the program and the sponsoring agency.

Program Name	Agency	In cluster	In city, outside cluster	Outside City

4. Are any agencies that offer services such as, tutoring, job training, or teen pregnancy counseling, located in your cluster area? Place an X mark in the box for all that apply. Use blank rows to add agencies.

Service	Located in your cluster?			Agency name, Street
	Yes	No	Don't know	
Tutoring				
Job Training & Placement				
Teen Pregnancy Counseling				
College Counseling				
Other:				
Other:				

5. Do the services mentioned above meet your needs?
Please rank the quality of services in the matrix below and indicate if expanded services are needed.

Service	Agency Name	Meet your needs?		Quality: 1-5 1 = Poor 5 = Excellent	Expand service?	
		Yes	No		Yes	No
Tutoring						
Job Training & Placement						
Teen Pregnancy Counseling						
College Counseling						
Other:						
Other:						

6. What recreational facilities, if any, are available in your cluster?

Name of Facility	Location	Free Admission		Meet your needs?		Expand existing programs?	
		Yes	No	Yes	No	Yes	No

7a. Are youth or family programs/activities offered at any of the facilities you named above in Question 6?

Yes No

7b. If yes, name them in the matrix below.

Facility Name	Youth Activities	Other activities	Seasonal	Year round

8. Are teenage gangs a problem in your neighborhood and/or cluster area?

In your cluster: _____ Yes _____ No

In your neighborhood: _____ Yes _____ No

9a. What youth crime prevention programs are available?

Agency	Program	Location	
		Cluster	Neighborhood
Police Department			
Public School System			
Religious Institution			
State Agency			
Private Agency			
Community-based organization			

9b. What other or additional youth crime prevention programs would you recommend?

10.

In your opinion, is the drop-out rate from schools in your cluster high?

_____ Yes _____ No _____ Don't know

11a. What tutorial and/or mentor programs are available?

Program	Location		Are programs effective?	
	Neighborhood	Cluster	Yes	No

11b. What other or additional programs do you think are needed to reduce drop-out rates?

Thank you for your participation in the survey. Your comments are valuable to us. If you wish to participate more in the process of developing the reinvestment strategies related to youth development in your cluster, please contact Linda, Cluster 1 Community Organizer at 892-5343.

City of Detroit Community Reinvestment Strategy
Cluster _____

The Community Reinvestment Strategy (CRS) is a yearlong strategy planning process for Detroit's neighborhoods. This brief survey is another outreach tool to capture additional community input and comments. We appreciate you taking the time to fill in this questionnaire. Please return by mail or in person to our offices: **65 Cadillac Square, suite 1300, Detroit, 48226, or fax 224-1312.** You can also leave the completed survey at your nearest Neighborhood City Hall. The questions on the survey refer to **your cluster area.** See the cluster area map on the last page. For more specific information about CRS or **24-hour hotline number is 438-0649.** Our office number is 224-1370 and our **CRS Web page is crs.cus.wayne.edu**

In this cluster, I am a:

check all that apply

- _____ resident
- _____ representative of a religious organization
- _____ representative of a neighborhood-based business
- _____ representative of a local institution
(bank, hospital, university, United Way agency, etc.)
- _____ representative of a religious congregation
- _____ representative of an area school _____
(elementary through high school)
- _____ other

1. Are any of the following agencies that offer services such as, tutoring, job training, or teen pregnancy counseling, located **in your cluster area**? Place an X mark in the box for all that apply. Use blank rows to add agencies.

Service	Located in your cluster			Name/Location: (cross streets)
	Yes	No	Don't Know	
Tutoring				
Job Training & Placement				
Teen Pregnancy Counseling				
College Counseling				

PLEASE RETURN BY SEPTEMBER 2, 1997

2. Do the services mentioned above meet your needs?
Please rank the quality of services in the matrix below and indicate if expanded services are needed.

Service	Agency Name	Meet your Needs		Quality: 1 - 5 1 poor 5 excellent	Expand Service	
		Yes	No		Yes	No
Tutoring						
Job Training & Placement						
Teen Pregnancy Counseling						
College Counseling						

3. What recreational facilities are available in your cluster, if any?

[illegible]

4. Please indicate below what types of transportation you use, Mark "1" if very often, "2" if sometimes, and "3" if never.

Type	work	school	child care	shopping	leisure	medical	worship
Public transportation							
Own automobile							
Car pool							
Taxi							
Walking							
Jitney services							
Other _____							

5. Please indicate below (using the same scale as above) where you travel for the following purposes:

Location	work	school	child care	shopping	leisure	medical	worship
Within your sector							
Within Detroit							
In the suburbs							

6. Please indicate if any of the following issues impact your neighborhood or cluster:

Issue	Very high impact	Sometimes	No impact
Truck traffic within neighborhood			
Street changes or closings			
Safety and location of bus stops			
Availability and/or cost of automobile insurance			

7. What are the three most important things that could be done to improve employment opportunities in your cluster?

1. _____
2. _____
3. _____

8. What transportation improvements (if any) are needed to better link residents to jobs?

9. What **other** job training / education programs are needed in your cluster?

10. What are the three best locations for a retail center within our entire cluster? *Be sure to consider the qualities that make a good business location from an investor's standpoint, as well as those qualities that improve quality of life for residents.*

Best locations:

Why?

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

11. Overall, what are the greatest assets and barriers to neighborhood commercial reinvestment in our cluster?

Greatest assets

Greatest barriers

ENVIRONMENT :
Instrumented Group Interview

12. What do you think are your neighborhood's and/or cluster's greatest environmental assets? (Please put a check mark next to your answer)

Availability of land for green space

Availability of land for redevelopment/reinvestment

Closeness to natural resources (parks, the river)

Other

13. What do you think are the greatest environmental issues your neighborhood and/or cluster faces as challenges? (Please put a check mark next to your answer, you may answer more than one)

Illegal Dumping

Junkyards

Air pollution

Lead and Abestos Contamination

Water pollution

Lack of Green Space

Trash/Garbage

Existence of Contaminated Sites

Overgrown Vacant Lots

Abandoned Cars

Other

14. Why are you concerned about these environmental conditions? (Please put a check mark next to your answer, you may answer more than one)

Health

Safety

Issues prevent redevelopment and reinvestment

Other

PLEASE RETURN BY SEPTEMBER 2, 1997

Housing Questions for City-Wide Survey

15 How long have you lived in your neighborhood?

_____ Less than 3 years _____ 3 - 5 years _____ 5 - 10 years _____ More than 10 years

15a How has the overall condition of your neighborhood changed since you've lived there?

Improved Significantly	Improved Moderately	No Change	Deteriorated Moderately	Deteriorated Significantly	Don't know
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15b If your neighborhood has changed, what are some of the ways in which it has changed? (If not, skip and go to Question 2)

16 In your opinion, what are the three biggest assets and barriers to developing new housing or improving existing housing in your neighborhood?

Assets

Barriers

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

17 What do you consider to be the three (3) most important characteristics in terms of quality of life in *any* neighborhood?

1.

2.

3.
